

Recipient Committee
Campaign Statement
Cover Page

Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 460 2001/02 FORM		Page <u>1</u> of <u>3</u> <small>For Official Use Only</small>
FILED		
Date Stamp JUL 3 1 2008		
CITY OF SANTA MARIA <small>BY: [Signature]</small> <small>City Clerk</small>		
Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>		Date of election if applicable: (Month, Day, Year) <u>11/02/2009</u>
<small>Type or print in ink.</small>		

<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Ballot Measure Committee</p> <p><input checked="" type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Primarily Formed</p> <p><input type="checkbox"/> Recall <input type="checkbox"/> Controlled</p> <p>(Also Complete Part 5) <input type="checkbox"/> Sponsored (Also Complete Part 6)</p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored</p> <p><input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Officeholder Committee (Also Complete Part 7)</p>	<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input type="checkbox"/> Quarterly Statement</p> <p><input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Special Odd-Year Report</p> <p><input type="checkbox"/> Termination Statement <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p> <p><input type="checkbox"/> Amendment (Explain below)</p>
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3. Committee Information			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Mike Cordero		I.D. NUMBER 1307852	Treasurer(s)
		NAME OF TREASURER Kinde Durkee	
		MAILING ADDRESS 1212 S Victory Blvd	AREA CODE/PHONE (818) 260-0669
		CITY Burbank	STATE ZIP CODE CA 91502
		NAME OF ASSISTANT TREASURER, IF ANY	
		MAILING ADDRESS 1212 S Victory Blvd	AREA CODE/PHONE (818) 260-0669
		CITY Burbank	STATE ZIP CODE CA 91502
		MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
		CITY	STATE ZIP CODE AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRESS	

1. Verification	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Executed on	<u>07/29/2008</u>	Date	By _____
Executed on	<u>07/29/2008</u>	Date	By _____
Executed on	_____	Date	By _____
Executed on	_____	Date	By _____
<p><i>[Handwritten signatures of Kindde Durkee, Mike Cordero, and others]</i></p>			
Signature of Controlling Officemholder, Candidate, State Measure Proponent		_____ Signature of Controlling Officemholder, Candidate, State Measure Proponent	
Signature of Assistant Treasurer or Treasurer		_____ Signature of Assistant Treasurer or Treasurer	

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City Of Santa Maria, District: n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1212 S Victory Blvd Burbank CA 91502

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

CITY

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

CITY

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

OFFICE SOUGHT OR HELD	DISTRICT NO., IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE	
CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2008</u>	through <u>06/30/2008</u>
Page <u>3</u>	of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

Contributions Received

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 7 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 7 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0.00	\$ 0.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0.00	\$ 0.00
13. Cash Receipts	Column A, Line 3 above \$ 0.00	\$ 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	\$ 0.00
15. Cash Payments	Column A, Line 8 above \$ 0.00	\$ 0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00	\$ 0.00
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	\$ 0.00
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	See instructions on reverse \$ 0.00	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00	\$ 0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.